

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">08</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Mailing Address 5827 Brighton Pl		Amount <table border="1" style="display:inline-table; margin:0 5px;">12.00</table>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : ccfe0849-61bd-4a69-8
Purpose of Expenditure Mileage	Category/ Type	<table border="1" style="display:inline-table; margin:0 5px;">002</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">08</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">119329.69</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">14</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Mailing Address 804 Roundabout Circle		Amount <table border="1" style="display:inline-table; margin:0 5px;">55.00</table>	
City Searcy	State AR	Zip Code 72143	Transaction ID : b0d61262-aa6a-439e-a
Purpose of Expenditure Salary	Category/ Type	<table border="1" style="display:inline-table; margin:0 5px;">001</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">14</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; margin:0 5px;">89157.11</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">67.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 /

 /

Signature